PATENT APPLICATION FEE DETERMINATION RECOR									Application or Docket Number					
Effective January 1, 2003											1/63	•	1	7152
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	EN	mr ⊐	OR	OTHER SMALL	
TOTAL CLAIMS				Ď.	ت				RATE	ī	FEE		RATE	FEE
FOR				NUMBER FILED		NUMB	ER EXTRA		BASIC F	囯	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			S	්ධ		• —			X\$ 9-	.]		OR	X\$18=	
INDEPENDENT CLAIMS				<u>C</u> imi	nus 3 =	٠	1		X42=	7	47	OR	X84=	
MULTIPLE DEPENDENT CLAIM P				RESENT .					+140=	,	(47\	OR	+280=	
* If the difference in column 1 is				less than zero, enter "0" in column 2					TOTA	러	H1-1	OR	TOTAL	
CLAIMS AS AMENDED - PART II										•			OTHER	
3-17-06 (Column 1) (Column 2) (Column 3)									SMAL	LE	YTITM	OR	SMALL	
ENT A		REMAININ AFTER AMENDME	IG		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT Total		.16		Minus	· 2	'n,	.0		X\$ 8=			OR	X\$18=	
Indepen		. 4		Minus	***	4_	-0		X42=	V		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+140	Ϋ́		OR	+280=	
									TOT	AL	7	OR	TOTAL	
3-22-56 (Column 1) (Column 2) (Column 3)									ADDIT FI	ÆL		On	ADDIT. FEE	
m		CLAIMS	,		HIGH	EST		1	·	7	ADDI-	ı		ADDI-
F		REMAININ AFTER			PREVI		PRESENT EXTRA		RATE		TIONAL		RATE	TIONAL
Total Independent		AMENDME	NT	Mimus	PAID	FOR 7	. 0	1	X\$ 9		/ PEE	OR	X\$18=	FEE
Indepen	dent	. 4		Minus	***	4	- 0	1	X42=	⋊			X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	A425	4	/	OR	7045	
									+140=	1	Δ	OR	+280=	
2/2/06									ADDIT. FI			OR	ADDIT. FEE	
9 12 06 (Column 1) (Column 2) (Column 3)														
AMENDMENT COMMENT COMMENT		REMAININ APTER AMENDME	NG		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total		.12	,	Minus	 2	0	- 0]	X6-9:	,	0	OR	X\$185	
Indepen		• 4		Minus	***	4	- 0		X42=	7	0	OR	X84≈	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1140	7	Ö	OR	4280=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									aL	_	OR	TOTAL	
	hest Nu	mber Previou	sty P	aid For IN THI bid For IN TH id For (Total o	IS SPACE	is less th	an 3, enter "3."	•	ADDIT, FI	ÆĹ	ropriate bo	3 "	ADDIT. FEE	L ——